



FELLOWSHIP OF EVANGELISTS AND MINISTERS

MEMBERSHIP / MINISTERIAL APPLICATION FORM

Application for: Membership ☐ Ministerial License ☐

Please Note: Only Members can receive a Ministerial License from FEM.

Personal Data

Please add a recent, full face, passport sized photograph of yourself here.

Title ☐ Rev. ☐ Mr. ☐ Mrs. ☐ Miss

Name _____

Address _____

Telephone Number _____

Email _____

Date of Birth

Age

Marital Status

Birth Place _____

Nationality _____

When were you saved? _____

Why do you want to become a member of FEM? _____

License

If you are applying for a Ministerial License, please include evidence of any Bible School achievements / Certificates. These should be submitted in photocopy format and accompany this application. If you cannot do this, are you willing to take our Bible Certificate Course and the Intermediate Course before a full license is granted? You can leave this section blank if you are only applying for membership.

☐

YES

☐

NO

Church Data	<p>What church are you a part of? _____</p> <p>_____</p> <p>What is your calling? _____</p> <p>In what ministries, if any, are you presently engaged?</p> <p>_____</p> <p>_____</p> <p>If you are a pastor, give the name and address of your church.</p> <p>_____</p> <p>_____</p> <p>Are you ordained? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, please state the denomination you were ordained by.</p> <p>_____</p>										
References	<p>Please list the names and addresses of two ministers who are willing to give you a reference regarding your character and ministry. Do not include family members.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 30px;"></td><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td><td style="height: 30px;"></td></tr> <tr><td style="height: 30px;"></td><td style="height: 30px;"></td></tr> </table>										
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> For office use only Date application received: </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Date 1st reference received: </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Date 2nd reference received: </div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px;"></div>	<p>Do you FULLY agree with the Constitution and Statement of Faith of the Fellowship of Evangelists and Ministers?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If your application is successful, are you willing to be interviewed by two or three members of the Executive Council?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>_____</p>										
	<div style="display: flex; justify-content: space-between;"> Signature Date </div>										

Please return this form to: **Colin Ryan, FEM, 23 Lincombe Road, Radstock, Somerset, BA3 3YJ**